

**APPLICATION DATA SHEET****Application Information**

Application number:: 10/566,410  
Filing Date:: 01/30/06  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: None  
Number of copies of CRF::  
Title :: METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA  
Attorney Docket Number:: 59516-313  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Petition included?:: Yes  
Petition Type:: Petition Under 37 CFR 1.47(a)  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

## **First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Deborah  
Middle Name::  
Family Name:: Hurst  
Name Suffix::  
City of Residence:: Emeryville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: C/o Chiron Corporation, Intellectual Property  
R338, 4560 Horton Street  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608-2916

## **Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Cornelia  
Middle Name::  
Family Name:: QUADT  
Name Suffix::  
City of Residence:: Emeryville  
State or Province of Residence:: CA

Country of Residence:: US  
Street of mailing address:: C/o Chiron Corporation, Intellectual Property  
R338, 4560 Horton Street  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608-2916

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Maurice  
Middle Name:: J.  
Family Name:: Wolin  
Name Suffix::  
City of Residence:: Piedmont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 304 Scenic Avenue  
City of mailing address:: Piedmont  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94611

#### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sandra  
Middle Name::  
Family Name:: Milan  
Name Suffix::  
City of Residence:: Emeryville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: C/o Chiron Corporation, Intellectual Property  
R338, 4560 Horton Street  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608-2916

#### **Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SE  
Status:: Full Capacity  
Given Name:: Anders  
Middle Name:: C.  
Family Name:: Osterborg  
Name Suffix::  
City of Residence:: Stockholm  
State or Province of Residence:: CA

Country of Residence:: US  
Street of mailing address:: c/o Karolinska Hospital  
City of mailing address:: Stockholm  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: S-171 76

### **Correspondence Information**

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

### **Representative Information**

Representative Customer Number::		<b>22504</b>
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### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Phase of	PCT/US04/017921	06/04/2004
PCT/US04/017921	An application claiming the benefit under 35 USC 119(e)	60/491,371	07/30/2003

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	